

*Citation for published version:*

Skinner, T & Taylor, H 2009, '"Being shut out in the dark": young survivors' experiences of reporting a sexual offence', *Feminist Criminology*, vol. 4, no. 2, pp. 130-150. <https://doi.org/10.1177/1557085108326118>

*DOI:*

[10.1177/1557085108326118](https://doi.org/10.1177/1557085108326118)

*Publication date:*

2009

*Document Version*

Peer reviewed version

[Link to publication](#)

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The final version of this article was published in 2009 in *Feminist Criminology* 4(2) pp130-150

**“Being Shut Out in the Dark”  
Young Survivors’ Experiences of Reporting Rape and Sexual Assault**

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**Abstract**

In Britain in the past 25 years there have been substantial changes in police responses to survivors of rape and sexual assault. Little is known about the impact of these changes on young survivors. In this article, the authors draw on interviews with nine youth aged 14 to 16 who reported a sexual offense to one police service in England. They discuss the degree of choice that young people get from the point of making the decision to report to the police through to the finalization of the case. Findings indicate that victims had limited choice at each stage of the criminal justice process. This is an outcome of a criminal justice system that continues to prioritize professional power over victims’ needs and rights. The authors conclude by asserting the need for victims to be given the opportunity to participate actively in criminal justice processes.

**Keywords:** *young survivors; parents; rape; sexual assault; police; Crown Prosecution Service; choice; participation; England; Britain*

Since the 1970s, feminists in Britain have campaigned for improvements in criminal justice responses to victims and survivors of sexual violence. A “breakthrough” occurred in 1982 after a television documentary, *A Complaint of Rape*, aired in which Thames Valley police were shown interrogating a rape complainant. The subsequent public outcry has been cited as a key impetus for change (Gregory & Lees, 1999), including publication of a Home Office Circular (25/83 followed by 69/86), which provides guidance for the police on working sensitively with victims. Circulars are advisory in nature and do not require statutory changes, so the type and quality of improvements since these Circulars were issued vary among the 43 police services in England and Wales. Improvements may include having initial statements taken by female officers, access to trained female medical examiners, providing specialist victim examination suites, and offering counseling/support to survivors (see Kelly, Lovett, & Regan, 2005; Lea, Lanvers, & Shaw, 2003; Temkin, 1999). Sixteen police services provide a Sexual Assault Referral Centre (SARC), usually in conjunction with area health authorities. The type of services offered by SARCs varies. They may offer forensic medical examinations, counseling and support, independent advocacy while taking the statement, and/or a case tracking and information service (see Lovett, Regan, & Kelly, 2004; Skinner & Taylor, 2005). Recent government backing of SARCs means that more of these agencies will be opening in the future (Home Office, 2007).

Until recently very little research attempted to assess the impact of such changes in the criminal justice system. Research that has been undertaken in Britain (like the services themselves) focuses primarily or exclusively on adult survivors (see Adler, 1987; Chambers & Millar, 1986; Gregory & Lees, 1999; Harris & Grace, 1999; Her Majesty’s Crown

Prosecution Service Inspectorate & Her Majesty's Inspectorate of Constabulary, 2002; Kelly et al., 2005; Lea et al., 2003; Lees, 1997; Lovett et al., 2004; Regan, Lovett, & Kelly, 2004; Temkin, 1997, 1999; Temkin & Krahé, 2008). This body of research gives important insights into the criminal justice process. Perhaps the most striking findings come from attrition research. Attrition is the dropout rate from reporting an offense to the police through to the conviction of the offender. Attrition in rape cases is increasing in England and Wales. Although reporting of rape has increased substantially in England and Wales (from 1,100 cases in 1981 to more than 13,300 in 2005/2006), figures indicate that the percentage of cases that result in a conviction has dropped from 32 percent in 1977 (Kelly et al., 2005) to 5.3 percent in 2004/2005 (Temkin & Krahé, 2008), which is an attrition rate of 94.7 percent.

On a more positive note, research indicates some improvements in police responses to survivors. For example, Adler (1991) reported that London police had developed a more caring attitude toward victims. Lea et al. (2003) also found officers in the Southwest of England wished to be supportive of victims. Temkin's (1999) research, again focusing on London, found that women tended to be pleased with the initial police response they received. Yet most women still felt that they had not been believed by the police, and most were partly or totally dissatisfied with the level of information they received as time went on. Survivors' disappointment at the lack of information about the progress of their case and why particular decisions were made by criminal justice agencies were also raised as issues in earlier studies (Adler, 1991; Chambers & Millar, 1986; Victim Support, 1996) and continues to be a key area of concern in more recent research (Kelly et al., 2005; Lovett et al., 2004). Although the initial police response has improved, the level of satisfaction experienced by adult victims seems to lessen as cases move through the criminal justice system, in part because of the lack of information available to victims, the high rate of attrition, and stereotypical views of sexual offense victims held by criminal justice professionals (see Temkin & Krahé, 2008 for detailed discussion of the latter). Another possible factor affecting victims' satisfaction, however, could be the degree of choice they are given at each juncture of the criminal justice process. For example, Jordan (2001, p. 687) found that adult women appreciated being "given some choice over whether and how to proceed" after reporting to the police. Having a choice about the sex of the doctor in the medical exam also is thought to be important (Jordan, 2001; Lovett et al., 2004; Regan et al., 2004).

Research on adolescent victims of sexual violence is very limited and is focused on establishing incidence rates (e.g., Kelly, Regan, & Burton, 1991), or impediments to disclosure and access to counseling/support (Baginsky, 2001), rather than criminal justice responses. An opportunity to address this paucity of research became available when the Home Office funded a project for young survivors aged 14 to 16. The project was to be provided by an existing SARC linked to the local police service. It extended existing services to young survivors, including providing counseling, support, and information about the progress of the case. We were commissioned to evaluate this service, which gave us a rare opportunity to analyze the experiences of young survivors from reporting through to the finalization of the case. This article examines young survivors' (and to a lesser extent their parents') experiences of the criminal justice process after reporting a sexual offense. It includes their reasons for reporting to the police and their feelings about the initial contact with the police, the forensic medical examination, and giving a statement to the police. It also explores the information provided to survivors about the criminal justice process and their criminal case, and their views about the final case outcome.

### **Choice, Participation, and Power**

In this article we argue that adults should respect youth by providing them with information that enables them to make informed choices. Having timely information and having a degree of choice about what happens to them and their case can have a positive impact on victims' experiences of the criminal justice system (see Jordan, 2001; Melton, 1983). Aspects of these arguments have already been recognized in England and Wales (Home Office, 1983, 1986, 1990, 1996, 1998, 2002). These Home Office documents call for victims to be (a) treated with dignity, respect, and transparency, (b) believed, and (c) provided with information, help, and support. Further documents have been brought in after our data were collected. The Sexual Violence and Abuse Action Plan (Home Office, 2007) introduced performance monitoring for criminal justice agencies and the piloting of independent advisors for victims. Under the Domestic Violence, Crime and Victims Act 2004 there is now a "binding" Code of Practice for criminal justice agencies (Home Office, 2005) and a commissioner for victims and witnesses. These actions signal a gradual move from circulars discussing guidelines and victims' needs toward specific acts that stipulate statutory obligations. Failure to comply with the Code of Practice, however, does not lead to legal sanction (Home Office, 2005). Further, institutions and professionals have not relinquished power, and victims continue to have limited—if any—choice about whether their case proceeds or the degree of their participation in other parts of the criminal justice process.

Feartherstone and Evans (2004) suggest that children are fearful of losing control of information they impart to adults and of what happens thereafter. Baginsky (2001) found that many young survivors did not try to get help because they did not trust adults, especially professionals. For youth who have been abused, raped, or assaulted, participation may bring back a degree of control and self-determination (see Cashmore, 2002; Herbert & Harper-Dorton, 2002). Participation may also enable a sense of "ownership" of a collective decision about how to proceed (or not) with a criminal case, even if the survivor does not entirely agree with that decision (see Edwards, 2004; Melton, 1983). Despite potential benefits for institutions to work participatively, and a growing rights discourse asserting children's right to be consulted over and participate in decisions concerning them (e.g. Article 12 of the United Nations Convention of the Rights of the Child, 1989), there continues to be professional and institutional resistance to victim participation.

Worrall (1990) suggests that professionals draw on discourses to justify their decision making. For example, social workers use welfare discourses; lay magistrates and jurors use "common sense" and "the" community; and solicitors use legal discourse based on law and case precedent, as well as their professional opinion and past experience. These various discourses illustrate that the criminal justice system is "not monolithic" (1990, p. 14), and that there are competing knowledges that can be used in attempts to assert control over a particular topic, such as whether young survivors have the right to choose what happens once they (or an adult on their behalf) have reported a sexual offense to the police. Young victims' right to participate and make informed choices may be excluded by, for example, police officers' legitimized "common sense" assumptions about the perceived need for young people to have decisions made for them by adults. The victims' needs or rights to participate in the decision-making process also may be excluded by the police and Crown Prosecution Service (CPS) using legal discourse to argue that people under the age of 16 cannot consent to sex and, therefore, have no choice in whether a case of unlawful sexual intercourse is prosecuted. Alternatively, CPS could assert that to proceed with a case is not "in the public interest," thus overriding some victims' wishes to take the case to court. In other words,

practitioners may override the rights/needs of young victims in the belief that professionals know what is in the best interests of youths ( Shemmings, 2000; Trinder, 1997) and society as a whole. Professionals may also draw on extralegal discourse, such as myths about sexual violence survivors, to inform these decisions. For example, the incorrect perception that false allegations of rape are common and easily made, or that stranger rape is more serious than rape by a known male (see Temkin & Krahé, 2008). The use of discourse in this manner helps to maintain the power of professionals, and maintains their vested interest as “experts” (Breckenridge, 1999), leaving little or no room for victim participation. This study seeks to better understand youths’ views of their “participation” in this process and to evaluate their perceptions of the efficacy of the system as a whole and individual actors in it.

## **Methods**

The fieldwork in this study spanned a 2-year period in the early 2000s. This article is part of a larger study and evaluation of a SARC young person’s project that involved postal questionnaires from survivors, interviews with survivors and parents, interviews with service providers; and a detailed database of cases. Here we focus on the interviews with survivors and their parents and use some of the larger database for comparison purposes.

### ***Consent Issues***

In the United Kingdom, there is no legal requirement to gain parental consent before asking individuals under the age of 16 to participate in social research. Both the SARC project and the research team chose to employ a children’s rights position, which gives the young person the opportunity to state whether they wish to participate in the research. The SARC staff, however, screened youth for specific criteria prior to including them in the study. Some youth were eliminated from the pool because the young person had not given permission to contact them or if the SARC thought they lacked “sufficient age and understanding,” were too vulnerable to participate, or had not yet completed counseling. To maintain confidentiality, the SARC sent out the questionnaires directly to the young people with a short cover letter and a consent form for them to fill out and return to the research team if they wished to be interviewed. Eighteen young women volunteered to be interviewed, but we were only able to interview nine. This was in part because it was agreed with the SARC that we would interview only when the criminal case was “finalized” or static, and some were yet to meet this criteria. In addition, some victims no longer wished to be interviewed when we re-contacted them and/or were difficult to re-contact.

### ***The Interviews***

Prior to the interviews, the consent form was verbally explained to each young person. We again outlined the research, emphasizing that they could choose not to answer any question or opt out of the research at any time. We explained what would be done with their words, the use of pseudonyms in publications, and that any identifying information would be excluded.

Interviews were face-to-face, semi-structured and lasted approximately 1 hr. The young women were asked if they wanted to be accompanied during the interview. Five wished to have their mother present. In these cases the mother also was interviewed. One father talked to us by phone. The young people also chose their interview location, and all of them took place in their homes. The topics discussed were aimed at gaining a more in-depth understanding of the interviewees’ perceptions and experiences of the SARC, the criminal justice process as a whole, and their recommendations for improving future practice. At the end of the interview, the tape was turned off, and they were asked for feedback on the



research process. We also talked to them about whether they wanted additional support from the SARC or another agency, and gave them appropriate contact details.

### ***Representativeness of the Respondents***

A database was compiled by the SARC on referrals and contained details of 201 survivors aged 14 to 16. Virtually all offenders were male. Only one case on the database was known to involve a female offender, and in this case the survivor was not interviewed. There were no male or Black/ethnic minority survivors interviewed, which reflects the underrepresentation of these groups referred to the SARC generally (5% male, 7% Black/ethnic minority). An extremely large percentage of cases were reported to the police (95% of the SARC cases, compared with 100% of the interviewees, had reported to the police). There were some differences between interviewees and the SARC group more generally. In the SARC group, survivors were about equally distributed among the three age groups (i.e. 14-, 15-, and 16-year-olds), whereas only one interviewee was 14 years old. The remaining interviewees were fairly equally distributed between 15- and 16-year-olds. Approximately 68% of the SARC referrals experienced a rape, compared with eight of the interviewees. Approximately three fourths (76%) of the offenders were known to the victim in the SARC cases, but only 44% of the interviewee cases involved known offenders. Eighty percent of all the SARC cases reported to the police were dropped or lost at the police stage or discontinued by the CPS (this figure rose to 87% in rape cases), four percent were found not guilty in court (1% in rape cases), and only 16% were cautioned or found guilty in the SARC referrals (12% in rape cases). In comparison, all of the interviewee cases suffered attrition: Eight were discontinued by the CPS or dropped/undetected by the police (one case had an unknown outcome). This means that the research has a bias toward rape cases with negative case outcomes for the victim/survivors.

## **Young Survivors and Their Experiences of the Criminal Justice Process**

### ***Why They Reported***

To begin to understand survivors' satisfaction with the response they received from the criminal justice system, we need to consider what motivated them to report in the first place. Four of the survivors were concerned with ensuring that other people were not similarly victimized. Two interviewees alluded to punishment in their answers, mentioning "revenge" (Alison) and wanting the offender to "get sorted out for what he had done" (Tammy). Other young people did not have a rationale for reporting, they (or their parent[s] and/or other relatives) simply rang the police as an "automatic reaction" to what had happened. Most survivors ( $n = 7$ ) had limited (if any) choice in whether or not to report to the police. Parents, specifically mothers, most often were involved in this decision (followed by a father, auntie, or uncle). The influence of parents was illustrated, not only in the interviews with young women, but also in responses of parents, where reporting was seen as something that simply "had to be done" (Jane's mother). As Alison's mother states "as soon as I got home I said—I just said to her 'don't change, don't wash, don't do anything, and we'll ring the police.' But that was sort of [an] automatic reaction." Some parents, however, represented the decision as a joint one. For example, one mother said "We spoke to [Jane] all the time . . . included her with everything." However, her daughter still felt the need to "run away" from home prior to the police interview and returned only after making a decision herself to take part in the process.

Some survivors also mentioned the additional influence of a gynaecological clinic, the police, and the SARC in their decision to report. These influences were combined with a sense of personal responsibility for the safety of others or/and parental influence and support. For example, Tammy initially gave her reason for reporting as “I thought it were the right thing to do, because I didn’t want like owt [anything] to happen to anybody else,” although, as the interview unfolded, it seemed likely that this rationale was influenced by a gynaecological clinic she had attended:

Well at first I weren’t gonna mention it to anybody, umm, I went to this clinic with my friend . . . and they said I should really report it, because ‘it ain’t really fair on other people.’ . . . So, I came back and I told my mum and we decided to tell the police. [The clinic] kept saying I ‘ad to go to the police and it was the right thing to do.

But this was not the only pressure for Tammy, as the following quote from her mother illustrates:

The initial contact that I had with them [the SARC], were ‘have you reported it to the police?’ and because at the time it were ‘no,’ that were the next stage then ‘well we can’t offer anything, until you’ve gone down that line.’

In theory, the SARC offers counseling and support to survivors whether they report to the police or not. It is not clear why service was not provided in this case. Perhaps the victim and parent were considering reporting to the police and were advised by the SARC to do so before talking to a counselor so as to avoid an accusation in court that the witness was “coached” before the police statement was taken. Whether or not this is the case, this survivor’s decision to report was influenced by the clinic, her mother, and the SARC.

In one case the police found out that an interviewee, who was under 16, was having consensual sex with her “boyfriend.” The police classed the sexual contact with her “boyfriend” as unlawful sexual intercourse with a minor because individuals under the age of 16 are not legally capable of giving consent to sex in England. In this context, the duty of care to the victim and the public was interpreted by system officials as a need for criminal sanctioning of the “boyfriend,” and the case was taken forward without her consent. In contrast, another interviewee (also under the age of 16) discussed reporting rape to the police with a non-police professional, but maintains that the decision to report was hers and that the professional would have supported her either way; therefore, there was some variation in how these types of cases were treated and the perceptions of participants with regard to their role in the decision making process.

### ***Initial Contact with the Police and the Initial Statement***

The type of initial contact with the police was dependent on the time the survivor contacted the police, where they were, and the circumstances involved. For example, Amy reported to the police by dialling 999 (the equivalent of 911 in the United States) from the street, thus her initial contact was with a civilian on the phone, followed by two uniformed officers who arrived in a police car. In most cases though, with the exception of Amy and Louise, a parent or other adult made the initial phone call. The parents interviewed tended to think the initial phone contact was “good.” In the majority of cases, the victims’ experience of initial contact with the police was face-to-face with two officers assigned to take an initial statement, either in the station/victim examination suite or at home. Most of the young people interviewed for this research were accompanied by a relative, friend or non-police professional at this stage, though not all chose to have them present during the actual police interview. Most

interviewees ( $n = 7$ ) said that their initial contact with the police and the response they received when giving their statement was positive ranging from “all right” and “very good,” to “brilliant.” The young women described the officers in this initial contact as “nice” and “all right.” Of particular importance to Tammy was that this experience was not as she had imagined. She was scared about reporting because “I thought it would be like policemen in like uniforms and stuff, and I didn’t think they’d be like it were really.” Instead she saw two plain-clothed female officers who arrived at her home in an unmarked car. Most survivors stated that having a female officer present made them feel less uncomfortable.

Parents and survivors also were generally happy with the information and support they received at this stage. For instance, Alison said “They asked me if – if I wanted to carry on . . . so I said ‘[I] just had to get it over and done with’ . . . they were brilliant.” Most survivors thought there was nothing the police could have done to make the initial contact easier for them. Jane said that “Once I got the interview going with the police I was actually okay, and I felt a lot better for it”; however, later on in the research interview she expressed dissatisfaction with the type of questions asked by the police officer. She first said that the female officer who interviewed her was “nice,” and there was nothing that could have been done to improve this stage of the process. Yet she later disclosed her discomfort with the questions the officer asked her and her sense of being made to “feel very small.” She felt that the police interviewer “spoke down” to her:

She asked me certain questions. . . . ‘Have you had sexual intercourse again?’ going into my other personal life and stuff, and the way that she looked at me when I answered her. She just made me feel very small.

The officer was asking about sexual activity that was irrelevant to the case, it was therefore unnecessary and could have resulted in sexual history questioning being allowed in court if the case had gone that far. Jane revealed her dissatisfaction with the officer later in the research interview, at the end of an hour-long discussion. As such the statements might reflect a “truer” representation of her feelings, but it also is possible that Jane found the police officer both nice and patronizing.

### ***Forensic Medical Examination***

All of the interviewees except Jane had a forensic medical exam; in her case it was deemed to be “too late.” In the remaining instances, five main themes arose: lack of choice about having a medical, lack of choice about the sex of the doctor, a sense of control during the medical examination, concern about the time spent waiting before the examination, and how comfortable the examination and video suites were.

Of the eight young people who had a forensic examination, one was unclear whether she was given a choice or not to have the medical exam. One survivor said she was “sort of” given a choice but that “He said that I, I’d have to do it” to continue the investigation. The remaining six were not given a choice, “I just got told I – I had to have it” (Alison). This lack of choice was emphasized in the following interaction between the interviewer, Sarah and Sarah’s mother:

Interviewer: Did you choose to have a medical examination done?

Sarah: No.

Interviewer: You didn’t?

Sarah’s mother: You did [have a medical examination].

Sarah: Well I had to have it done yeah. . . . I was just told I had to have it done.



Sarah asserts and then reasserts that although she had the medical she was not given a choice. Claire similarly states: “I didn’t even decide to do it actually, umm, my mum phoned the police, they came and then they took me straight away to have it done. . . . And I thought ‘well it’s got to be done’.” Not being able to choose whether they had a forensic medical exam done seemed to contribute to these survivors’ negative experience of the criminal justice process, but there was also a sense of necessity; so although “it was something that just happened” (Louise), and was embarrassing, upsetting, uncomfortable and made one young person “panic,” most of the survivors felt that it needed to be done in order for the case to be pursued.

None of the young people we talked to were given a choice as to whether the doctor that examined them was male or female. Five of the eight survivors that had a medical were seen by a male doctor. Only Alison was “not bothered” by seeing a male; other survivors were much more concerned. Amy explained “it would have been better if it had of been a woman wouldn’t it? . . . Because it was a man that done it [the rape], you know what I mean?” Sarah took this further and said the forensic medical was “awful” because she did not have a choice about the sex of the doctor. This dissatisfaction was evident despite male doctors displaying sensitivity and being described as “gentle” and “really nice.” Survivors who had a female doctor still found the examination difficult because of the invasive and personal nature of the examination. Kay stated, for example, that it was “horrible, because she had to look everywhere and touched everywhere.” Nonetheless, survivors expressed a desire to have some say about the gender of their physician, not because female doctors necessarily resulted in a less traumatic exam, but because having a choice allowed victims to have some control over the process.

All young people said that the doctors explained what was going to happen and talked them through the examination process while it was happening. Half of the survivors felt that they could stop the examination at any time if they felt uncomfortable. One of the four survivors that did not feel able to stop the examination said that she would not have wanted to take a break though, because she wanted the medical to be over as soon as possible. Indeed, none of the survivors we talked to requested a break.

Seven respondents said that the examination was undertaken on the same day/night that the offense was reported. One survivor had to wait until the next day, so she had to wait at home without washing. When she was asked how she felt about that she said “horrible.” Of those who had the examination undertaken on the same day/night, two of them were still concerned about the length of time they had to wait and the about the process. Amy said:

[I] sat at ‘t police station for a bit, and um spoke to them, and then we went from there to, what is it? Was it called a child protection unit, in . . . but they had [the] wrong codes [to access the building] or sominck [something], then I ended up in [another] . . . police station, and then doctor was saying ‘Ah, can’t do it’ cause I were only 16, and I needed a parent there wi’ [with] me and that. So they just took all my clothes and give me a paper suit, stood there for a bit, and then went back to [the first police station]. It were a bit of a farce really. . . . I was sat there for ages. . . . Did my head in having to wait, sit round in a paper suit and that, it were bad.

Whether the time spent waiting for the forensic medical was due to accessing an out-of-hours doctor, a doctor that was willing to examine a young victim without a parent present (which was what Amy asked for), and/or due to mistakes made by the officers involved, keeping a victim waiting can only raise tension and stress levels, particularly if the survivor cannot

shower and/or has to wait in a paper suit. In addition, delaying the medical may mean that vital forensic evidence was lost (see Kelly et al., 2005).

All the survivors were examined in one of a number of specially equipped suites across the county where video statements were also taken. Comments from the survivors about the suites, including the video room and room where the forensic examination took place, were generally positive ( $n = 8$ ). Terms used to describe the suites were “safe,” “like a house,” “warm,” “nice,” and “informal.” The only negative comment came from a mother who thought the suit was too clinical.

### ***Giving a Formal Video Statement to the Police***

The Youth Justice and Criminal Evidence Act of 1999 entitles vulnerable witnesses to give a video statement, and it is standard practice for youth aged 16 and under, but some victims were not aware of or prepared for this aspect of the reporting process. The phrases “had to” were commonly used to describe the video statement, indicating that victims did not feel that they had a choice when it came to this part of the process. For most survivors, like the medical, the video interview was represented as a necessary evil that “had to” be done because they wanted to see the alleged offender convicted, or they wanted to prevent others from being abused; however, it also may be that they felt they had not been given a choice regarding their participation. For example, one victim felt compelled to do a video statement about consensual underage sexual intercourse with her “boyfriend” (as previously mentioned). When asked “What did you think would happen when you reported to the police?” another survivor (Kay) said “that I’d have to tell them and obviously have to do the forensic and stuff . . . but that’s it, I didn’t think I’d have to video or go to court or anything.” For Kay doing a video statement came as a shock. Sarah and Jane used the word “scary” to describe how they felt about doing it, not just because it was being recorded, but also the level of detail that was required for the formal statement and the thought that their parents and other people might be listening or watching. As Jane notes:

It was quite scary because I was aware that I was being recorded, but, because I didn’t want mum and dad to watch that felt a lot better. . . . It was harder actually on the tape ‘cos I had to go through it detail for detail.

She appreciated being given a choice as to whether her parents could watch from the adjacent room. Claire said that because the video camera was discreet she felt more at ease; however, she explains that the reason the video statement appeared to have little impact on her was because “the shock had hit me . . . I didn’t cry or nowt [nothing], it were like nowt had happened.”

### ***Follow-Up Interviews with the Police***

For two victims the “all right” experience of initial contact with the police deteriorated as the investigation continued and they were asked to give additional statements.

As Kay noted

When they were doing interviews, it lasted for ages, I’d have to go and do it one day, and then go back . . . they needed to know more about it, it were like, they wanted to know actually how the person attacked me ‘n’ [and] that . . . ‘n’ it were just I don’t know. . . . I have been going backwards and forwards t’ [to] police station for ages and it does my head in ‘cause they know what happened, do you know what I mean?

Amy reported

[T]hey asked me then “Did it really happen?” So, I couldn’t believe it when they said that, I was proper devastated when they said that and then, then after they found out that [I was telling the truth] they did actually apologize.

Amy believed that the accusation that she was lying was made because of a minor inconsistency between her account and a witness account, a point later cleared up by additional evidence. The accusation made her feel angry and upset: “Because I wouldn’t have gone into all that if it hadn’t of happened you know. I wouldn’t be letting them take forensics and stuff.” This experience contrasts greatly with Tammy’s experience. She not only felt believed, she also said that the police never made her feel that she was “a girl that probably were asking for it” and she appreciated their approach stating, “I think that’s a really nice thing.” The excerpts in this and the previous section indicated how difficult it was to give a formal statement and victims’ concerns about choice and control during the process; the quotes in this section also demonstrated the importance survivors place on feeling respected and believed.

### ***Information about the Status of Cases***

Victims also needed information about the criminal justice process and what was happening in their case. Survivors wanted to know what the whole process entailed, how long it might take, and to have a realistic portrayal of what might happen. They also wanted to know more about when and how they would be contacted about their case and wanted an explanation of how the law might work in relation to their case including how prosecutorial decisions were made.

It is important to ensure that the process is clearly explained by officers making the initial contact and at appropriate intervals thereafter because people who have had a traumatic experience may not remember things they are told initially, and they need to know what they can expect. For instance, Tammy did not understand what would happen once she reported to the police despite having the process briefly explained to her:

I thought they could of talked through about it a bit more, because they did tell me what were going to happen, but they didn’t tell me, really what I’d be having to go through they – ju – they just said it like briefly.

Despite thinking the police were “brilliant” in terms of the initial contact after reporting and statement taking, Alison said that thereafter “They were crap! None of them – none of them bothered, we had – every time we had to find out about what happened in court we had to ring them up, they would ne – they never rung us at all.” Amy described this treatment as like

being shut out in t’[the] dark . . . I give them all information an’ that, an’ they don’t need me no more. So I don’t get to find out nothing, it would have been all right to, just to know what’s going on an’ that with my case.

The SARC case-tracking service aims to keep survivors informed of the progress of their case through the criminal justice system by actively seeking information from the police and providing updates by telephone and post. Some parents were positive about this service. For example, Sarah’s mother said

Any time the lads [alleged offenders] went in, they would call back and they wrote a letter saying that they had been released on bail and their case was still pending and that they would have to go back to the police station on such and such a date. And they were really spot on, spot on!

Other parents were angered by having to chase the information, and seeing their child suffering unnecessary additional stress because of the lack of information. Three of the survivors we interviewed found out that the alleged offender had been released or that the

case had been discontinued from a friend, a friend of the offender, or through the local newspaper. Jane's mother stated "We were quite, quite annoyed at them, cos they hadn't got back to us to tell us. She could have bumped into him on the street." Sarah's mother said "She [Sarah] feels even worse because she doesn't know what's happened, and then she hears it off, second, third hand, off her friends."

For eight of the interviewees, they or their parents (or another adult) needed to phone the police or SARC to get information about the case, which was both disappointing and stressful.

I have the right to know what is going on, and I think they should consider the fact that I was nervous enough as it was, worried enough as it was, so like phone me and tell me what was going off. . . . I think it is disrespectful them not phoning me and informing me of what has happened. (Louise)

For some survivors, police officers responsible for the case "were never available" (Emma) or "They keep saying 'we'll get back to you'," (Claire) and then they did not. Tammy had been told by an officer that she would ring once a month to keep her informed of what was happening, but this did not occur.

The need to be kept informed is not born out of an unrealistic expectation that the contact should be constant and instant. The victims we talked to acknowledged that the police have limited time, but asserted that keeping them informed was important. For example, Amy said

I know that they have got to try and do their job and that, erm that you can't be informed all the time, but it would be nice for them to like phone you up and say, 'well this is what we've been doing, an, an this is what's happened so far' an, they just don't.

The lack of information about their cases especially was damaging in light of the negative outcomes in these cases. Of the interviewees we talked to, one case was undetected (no offender was found), five were discontinued by the CPS or no further action was taken by the police, two were "no crimed,"<sup>6</sup> and one case had an unknown outcome. Only Amy (undetected) had been told in her last contact with the police that they were still trying to find the offender. She said that

[P]olice were alright at first an that, but not anymore, they just, its like they don't, not even interested anymore about what's going on an that, an, but I am, they can't understand that it does mean something to me and that its important to me to find the person that done it an that, an, the only way that it can be done is with them, to, to try and do it, but I don't know, police have gone crap now.

Amy was thinking about the case constantly and continually trying to contact the officer to find out what was happening.

Claire, Tammy, and Kay were expecting a court case because the alleged offender(s) had been charged, and the last thing they had heard from the police was that the case was going to court. Tammy thought that the alleged offender had been located and the investigation was continuing by another police service, but she had no information about this situation. Kay's case was adjourned, but she believed it was going to court in a couple of months after the interview. Claire's last contact with the police, approximately 5 months before the interview, was a letter saying that the case was going to court but she had not heard anything and the CPS discontinued the case. As we were only allowed to interview once a case had been finalized or was static, it appears that the SARC, the CPS, and the police had not kept these young women informed, as they did not have accurate information about the status of their

cases. The remaining five survivors knew the case had been dropped because of insufficient evidence.

### ***How the Young People Felt About Using the Criminal Justice System***

When we talked to the young people and their parents about whether they would report to the police again, there were mixed feelings. Emma stated that she would not trust the police again. Tammy said “I suppose it would have saved a lot of hassle if I didn’t [report]”; however, she was torn between the pain of reporting and not wanting the alleged offender to get away with it. Alison further illustrated this point. She thought that reporting was “in a way” the right thing to do, “But in a way it seemed like a waste of time. ’Cause nothing ever came of it.” She explained what bothered her most about the case:

Just the fact that he got away with it. . . . ’Cause we really need to sort that out. . . . ’Cause it’s like letting a murderer get away. . . . People like that shouldn’t be on the streets, simple as that. ’Cause he’s done it to other girls as well, after me.

Her frustration is echoed by Louise:

I wanted him to be dealt with seriously for what he did because it is not right and he could be doing it to other people now, and it could be happening to other people. Them saying, oh we dropped the charges because it is your word against his [is] letting him get away with a lot of things.

In Claire’s case, the police had questioned the alleged perpetrator, and she expected it to go to court, but unknown to her the CPS discontinued the prosecution. When asked if she wanted it to go to court she said: “I don’t know, sometimes I do and sometimes I don’t. Sometimes I just think its best to leave it as it is.” Yet like Alison, Louise, and Kay, she goes on to say: “He shouldn’t even be allowed to be let out . . . cause I feel like more scared about going out . . . and I don’t think that’s fair at all.”

### **Discussion**

Obviously, this study has limitations. It relies on a small sample size and lacks generalizeability. Nevertheless, the interviews with young survivors provides useful insight into the experiences of this hard-to-reach group. Some of the data reflects research findings on adult rape and victims generally (see Hoyle & Zender, 2007), but the issues appear more pronounced because of the age of the victim. In particular, at each phase from reporting through to the finalization of their case, young survivors appeared to have little or no choice in what happened and limited, if any, participation in the process. For example, a relative made the first contact with the police for the majority of the interviewees, compared with one half of adult survivors contacting the police themselves (see Jordan, 2001). Although adults also may be influenced by others to report, they appear to be more likely to be influenced by friends and partners (Jordan, 2001; Lovett, personal communication, August 30, 2005) rather than parents. In addition, the role of other persons for youth tended to be the decision maker, rather than enabling the survivor to come to their own decision. In fact, in one case, the criminal justice system “decided” to report a case totally independent of the victims’ wishes. This case involved unlawful sexual intercourse filed against the victim’s “boyfriend” without her consent. Although it can be argued that in such cases, there is a duty of care to act, this type of situation ultimately means that the decision is taken entirely out of the hands of the victim.



As with adults, young people wanted some control over what happened in the process after reporting. Previous research has indicated that adults, like young people, prefer a female medical examiner (Lovett et al., 2004; Regan et al., 2004), but none of the young survivors was given the choice to have a female doctor. In fact, there was little evidence to suggest that they were asked if they wanted to have a forensic medical exam. In contrast to adults, however, one half of young survivors believed they could stop the medical examination once it had commenced (see Lovett et al., 2004); they also appreciated the comfortable examination suite and having the exam explained to them. Our research also suggests that limited, if any, choice was given about the decision to make a video statement, although survivors did express some measure of control related to whether or not parents would be allowed to observe the video recording and appeared to appreciate having some say in this matter. The data indicate that survivors would have gone ahead with the forensic medical exam and the video statement if they had been given a choice. Allowing them to make these decisions might enable young people to regain a sense of control over what is happening, which is important to all victims, but especially to young victims (Feartherstone & Evans 2004), who may have had little control over the initial reporting of the crime. Thus, because they had little say in whether or not the process would ensue (given parental/family involvement), it is critical that criminal justice professionals enable them to have some input into decision making as the process unfolds. At a minimum they should be provided with information about the process, their options, and the case.

Despite years of research highlighting that victims want more information about their case (Chambers & Millar, 1983, 1986; Jordan, 2001; Temkin, 1999; Victim Support, 1996), the victims in our study were clearly not informed throughout the process. Eight of the young people and all the parents we interviewed wanted more information. This finding demonstrates an important lack of communication between the police, CPS, the SARC, and the victim. Lack of information about the case was linked to survivors' negative perceptions of the police; therefore, improvements in this area could also improve public relations. In particular, there is a need for the police, CPS, and the SARC to clarify their roles as information providers and then proactively keep victims informed. Given the small sample size, it is not clear whether or not this perceived lack of information is endemic and represents a failure of the SARC to achieve its goals or if these cases represented situations in which victims fell through the cracks between service providers. Regardless, it is especially important to ensure that young victims are adequately informed about their cases, given their emotional vulnerability, which may hamper their abilities to assertively follow up regarding their cases.

Young victims also wanted information about the criminal justice process. This is important, not only when they first report, but as part of an on-going process in which a police officer and/or civilian case tracker should remind them of the process at key junctures and be available to answer questions. A written information pack would also be useful. There is, however, a delicate balance between giving enough information for young people to make informed decisions and scaring them with negative portrayals about the likelihood of a conviction (Jordan, 2001), which could contribute significantly to case attrition at an early stage (Kelly et al., 2005). In the cases in this study, though, it appears that this concern would be unfounded as attrition was 100 percent for cases in which outcome was known primarily because the system failed to pursue and/or achieve convictions.

In cases for which the outcome was known, one half of the cases were lost at the police stage (no crime, undetected, or no further action taken) and the other half of the cases were

discontinued by the CPS. Further research is needed to better understand if there were some distinctive aspects of the interviewees that resulted in such high rates of attrition. For example, survivors who were interviewed were more likely to be victimized by strangers than were those in the cases recorded in the SARC database. Some authors have suggested that stranger rapes of younger women are more (not less) likely to result in a conviction because they are more vigorously pursued by the system than are acquaintance rapes, as they fit the stereotypical definition of rape (see for example Temkin & Krahé, 2008). In contrast, Lea et al. (2003, p. 597) “found that only the relationship between the victim and the perpetrator was related to attrition,” specifying that “a higher than expected rate of conviction was achieved for rapes involving a partner or male relative.” Lea et al.’s findings alongside the negative experiences of the young women in our research indicate that there is a more complex explanation needed to understand attrition in rape cases. We concede that it could be that some of our interviewees were more willing to participate in our research because they did not know the offender and/or they were dissatisfied with the outcomes of their case and their treatment by the system. But perhaps there were characteristics of these cases that could not be determined here that account for the high level of case attrition for the interviewees. For example, further research needs to be carried out to establish whether case categories not represented by the interviewees, such as those downgraded from rape to unlawful sexual intercourse, increase the likelihood of conviction for cases involving known offenders in this age group, or whether a higher level of detection in cases involving known men is a key to understanding higher than expected conviction rates.

For the young women in this study, the process of trying to gain access to “justice,” although at first positive, thereafter was frustrating, embarrassing, painful, stressful, time consuming, disempowering, and unsuccessful. Of particular concern was that some victims were finding out about the release of alleged offenders or the discontinuation of a case from a friend, friend of the offender or through newspapers, or were unaware that the case was no longer being pursued. This situation is especially troubling given the mission of the SARC, which aimed to provide information about the progress of a case. Theoretically, the survivors we talked to had the potential of being somewhat better informed than those in other parts of the country where there is no SARC or civilian case tracker, which is particularly problematic if these interviewees represent the best-case scenario instead of the worst possible outcome nationally. This SARC has made a positive attempt to improve their services since the data were collected (personal communications, June 28, 2005, and April 3, 2006), and changes are in progress nationally under the Labour Governments’ Sexual Violence and Abuse Action Plan 2007 (Home Office, 2007), but more needs to be done.

It is likely that young people who are not kept informed or have been marginalized in decision-making processes are not being treated this way simply because of their age. The marginalized status of survivors of sexual violence, and victims more generally, is also brought into play and this situation is likely to remain as long as victim/survivors are seen as only witnesses, rather than as participants in the criminal justice system (Lovett et al., 2004). Years of national and international discourse indicating the importance of the needs and rights of victims/survivors has not yet prevailed, indicating that we need to look not solely at faults in individual organizations or projects, but to a wider context. For criminal justice practitioners, ensuring that victims are kept informed and participate in their case may not be a priority. Although there have been some piecemeal attempts to reform the system in this regard, including the SARC that participated in this research, reforms generally lack full financial and institutional backing. Perhaps most importantly, this type of reform requires an attitudinal shift if either adult or youth victims are to have a significant say in their cases.

Clearly allowing victims a more active decision-making role at key junctures may be an admirable goal; however, this study suggests that youth, in particular, lack a voice in the process, even more so than their adult counterparts, given the powerful role that parents play initiating cases. In fact, one could argue that this step in the process is the most important decision a victim will make, because once the wheels are set in motion, victims may struggle to have a significant role in subsequent decisions. For youth in this study, adults most often made this crucial first decision. It is, however, unclear why the interviewees received so little information about their cases, which leads one to question whether the system “sees” their victimization as important and whether they are viewed with the respect they deserve in terms of having basic information about the progress of their cases. It remains to be seen whether the Code of Practice for victims (Home Office, 2005) and planned changes under the Sexual Violence and Abuse Action Plan (Home Office, 2007) will significantly alter this.

Feminist academics and activists have seen many positive changes in criminal justice responses to sexual offenses in Britain, but there is a need to remain vigilant. Changes in the law, policy, and Home Office recommendations for good practice and statements of rights have a history of not being implemented effectively by criminal justice professionals working with sexual offenses (see Temkin & Krahé, 2008). Legal and extralegal discourse can be used by these professionals to displace and dismiss the needs and rights of victims. Feminist campaigns need to assert and reassert victims/survivors need to be a participant rather than simply a witness in their case, such that this becomes a necessary and accepted part of both legal and extralegal discourse used by criminal justice practitioners.

## Notes

1. The terms *victim* and *survivor* are used interchangeably in this article. Although one of the authors has used only the term survivor in a previous publication (see Skinner, 2000 footnote 2 for extended discussion), it is becoming increasingly clear that (a) not all victims feel they have survived and (b) that they may not identify with this term. It therefore feels false to simply impose it on them.
2. For example, Victim Personal Statements (VPS) were instigated in 2001. They have given some victims the opportunity to express how they felt but little more. This can be frustrating for victims, particularly if they perceive the VPS as a vehicle to impact on criminal justice decision making (Edwards, 2004).
3. To arrange the interview we needed to speak directly to the survivor to discuss the consent form, confirm that they understood what the research involved, and whether they still wanted to participate. We also needed to arrange a suitable safe location. To maintain the confidentiality of the victim, we could not leave messages on answer phones or with parent/guardians. Several months were spent attempting to telephone young people. Once a number of attempts had been made, we stopped for fear of causing undue stress.
4. We have not provided a table of information comparing the nine interviewees with the 201 in the database because we are concerned that they may be identified.
5. These figures exclude cases awaiting an outcome or where the outcome was unknown.
6. The Home Office (1986) issued a circular stating that *no crime* should refer only to cases that are retracted by the complainant or where the complainant admits to fabricating the accusation. If the case is labeled no crime it will not be counted in official statistics. However, we found that no crime in this police area was being used to refer to cases that have not yet been crimed (e.g., they could be early in the investigation and have not been given a crime number), and some cases in which the victim had consumed drugs/alcohol, or in which the victim had not made a formal complaint. It was also used to refer to cases that occurred outside of the area and were therefore given a crime number elsewhere. The two interviewees

that had their case no crimed involved one case that occurred outside this police area and one that involved a survivor who had been drunk when the offence took place and had delayed reporting. The police should more appropriately have labeled the latter “no further action.”

## References

- Adler, Z. (1987). *Rape on trial*. London: Routledge.
- Adler, Z. (1991, May 31). Picking up the pieces. *Police Review*, 1114-1115.
- Baginsky, M. (2001). Section 7: Messages for the Future. In Baginsky, M. (Ed.). *Counselling and support services for young people aged 12-16 who have experienced sexual abuse*. London: NSPCC.
- Breckenridge, J. (1999). Subjugation and silences: The role of the professions in silencing victims of sexual and domestic violence. In J. Breckenridge & L. Laing (Eds.), *Innovative responses to sexual and domestic violence: Challenging silence*. New South Wales, Australia: Allen & Unwin.
- Cashmore, J. (2002). Promoting the participation of children and young people in care. *Child Abuse & Neglect*, 26(8), 837-847.
- Chambers, G., & Millar, A. (1983). *Investigating rape*. Edinburgh, Scotland: The Scottish Office.
- Chambers, G., & Millar, A. (1986). *Prosecuting sexual assault*. Edinburgh, Scotland: The Scottish Office.
- Domestic Violence, Crime and Victims Act*. (2004). Retrieved August 29, 2008, from [http://www.opsi.gov.uk/acts/acts2004/ukpga\\_20040028\\_en\\_1](http://www.opsi.gov.uk/acts/acts2004/ukpga_20040028_en_1).
- Edwards, I. (2004). An ambiguous participant: The crime victim and criminal justice decision-making. *British Journal of Criminology*, 44, 967-982.
- Feartherstone, B., & Evans, H. (2004). *Children experiencing maltreatment, who do they turn to? Summary of research findings*. London: NSPCC.
- Grace, S., Lloyd, C., & Smith, L. (1992). *Rape: From recording to conviction* (Research and Planning Unit Paper 71). London: Home Office.
- Gregory, J., & Lees, S. (1999). *Policing sexual assault*. London: Routledge.
- Harris, J., & Grace, S. (1999). *A question of evidence?: Investigating and prosecuting rape in the 1990s*. London: Home Office.
- Her Majesty's Crown Prosecution Service Inspectorate & Her Majesty's Inspectorate of Constabulary. (2002). *The report on the joint inspection into the investigation and prosecution of cases involving allegations of rape 2002*. London: Home Office.
- Herbert, M., & Harper-Dorton, K. (2002). *Working with children, adolescents, and their families* (3<sup>rd</sup> ed.). Oxford, England: Blackwell.
- Hoyle, C., & Zender, L. (2007) Victims, victimisation, and criminal justice. In M. Maguire, R. Morgan & R. Reiner (Eds.) *The Oxford handbook of criminology*. Oxford, England: Oxford University Press.
- Home Office. (1983). *Investigation of offences of rape* (Home Office Circular 25/1983). London: HMSO.
- Home Office. (1986). *Violence against women* (Home Office Circular 69/1986). London: HMSO.
- Home Office. (1990). *Victim's charter*. London: HMSO.
- Home Office. (1996). *Victim's charter*. London: HMSO.
- Home Office. (1998). *Speaking up for justice: Report of the independent working group on the treatment of vulnerable and intimidated witnesses in the criminal justice system*. London: HMSO.
- Home Office. (2002). *Justice for all*. London: HMSO.
- Home Office. (2005). *Victim's code of practice*. London: HMSO.



- Home Office. (2007). *Sexual violence and abuse action plan*. London: HMSO.
- Jordan, J. (2001). Worlds apart? Woman, rape and the police reporting process. *British Journal of Criminology*, 41, 679-706.
- Kelly, L., Lovett, J., & Regan L. (2005). *A gap or a chasm? Attrition in reported rape cases*. London: Home Office.
- Kelly, L., Regan, L., & Burton, S. (1991). *An exploratory study of the prevalence of sexual abuse in a sample of 16- to 21-year-olds*. London: Polytechnic of North London.
- Lea, S. Lanvers, U., & Shaw, S (2003). Attrition in rape cases. *British Journal of Criminology*, 43, 583-599.
- Lees, S. (1997). *Ruling passion: Sexual violence, reputation and the law*. Buckingham, England: Open University Press.
- Lovett, J. Regan, L., & Kelly, L (2004). *Sexual assault referral centres*. London: Home Office.
- Melton, G. (1983). *Child advocacy: Psychological issues and interventions*. New York: Plenum Press.
- Regan, L. Lovett, J., & Kelly, L (2004). *Forensic nursing*. London: Home Office.
- Shemmings, D. (2000). Professionals' attitudes to children's participation in decision-making: Dichotomous accounts of doctrinal contests. *Child and Family Social Work*, 5(3), 235-243.
- Skinner, T. (2000). Feminist strategy and tactics: Influencing state provision of counselling for survivors. In J. Radford, M. Friedberg, & L. Harne (Eds), *Women, violence and strategies for action*. Buckingham, England: Open University Press.
- Skinner, T., & Taylor, H. (2005). *Providing counselling, support and information to survivors of rape: An evaluation of the 'STAR' young persons' project*. London: Home Office.
- Temkin, J. (1997). Plus ca change: Reporting rape in the 1990s. *British Journal of Criminology*, 37(4), 507-528.
- Temkin, J. (1999). Reporting rape in London: A qualitative study. *The Howard Journal of Criminal Justice*, 38(1), 17-41.
- Temkin, J., & Krahé, B. (2008). *Sexual assault and the justice gap: A question of attitude*. Oxford, England: Hart Publishing.
- Trinder, L. (1997). Competing constructions of childhood: Children's rights and wishes in divorce. *Journal of Social Welfare and Family Law*, 19, 219-305.
- United Nations. (1989). *Convention on the rights of the child*, Office of the High Commissioner for Human Rights. Retrieved July 29, 2008, from <http://www.unhchr.ch/html/menu3/b/k2crc.htm>.
- Victim Support. (1996). *Women, rape and the criminal justice system*. London: Victim Support.
- Worrall, A. (1990). *Offending women: Female lawbreakers and the criminal justice system*. London: Routledge.
- Youth Justice and Criminal Evidence Act*. (1999). Retrieved August 29, 2008, from: [http://www.opsi.gov.uk/acts/acts1999/ukpga\\_19990023\\_en\\_1](http://www.opsi.gov.uk/acts/acts1999/ukpga_19990023_en_1).

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**Authors' Note:** We would like to thank the survivors, parents, SARC staff, volunteers and practitioners who were involved in the research, as well as the Home Office for providing the funding. We are also very grateful to Liz Kelly, Linda Regan, and Rosemary Barberet for their assistance during the research, and to Jo Lovett, Karen Rowlingson, Nicole Westmarland, Nicola Ballantyne, Jane Batchelor, Susan Sharp, and the anonymous referees for commenting on the article.